June 8, 2010

Ray R. Jenkins, Jr.
Senior Environmental Engineer
Virginia Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

RE: Georgia-Pacific Wood Products, LLC
Skippers OSB Plant
VPDES Permit No. VA0059072 Renewal Application

Dear Mr. Jenkins:

Our current VPDES permit expires on December 6, 2010. As noted in your e-mail message dated December 8, 2009, a complete application for permit reissuance is due at least 180 days before the existing permit expires, which is June 10, 2010.

Please find enclosed in this submittal the following forms and documents: VPDES Forms 1, 2C, 2F, the VPDES Application Addendum, and the public notice authorization form. We have also included other supporting information and the site plan.

With this renewal application, we respectfully request that VA DEQ drop the following parameter from the regular monitoring and reporting requirements: Zinc. The average Zinc concentration detected in the discharge over the permit term was 34 ug/L. We also request that VA DEQ reduce the monitoring frequency to twice per year (semi-annual) for the following parameters: pH, TSS, and TPH. During the current permit term, the monitoring results for these parameters have been consistently within in the permit limitations.

As discussed with Jimmy Summers by telephone on June 4, 2010, we are still in the process of obtaining a composite storm water sample for analysis in accordance with the instructions of Form 2F. We will submit the data and a revised Form 2F to you as soon as the results are available.

If you have any questions or need more information, please feel free to contact me at (434) 634-6133.

Sincerely,

Randall R. Hobbs
Plant Manager

cc: Ronald Sweet
Jim James
Jimmy Summers

VPDES Application Form 1

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F VAD988220836 (T/A) D

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results **in a discharge to waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)			
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1 SKIP: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Hobbs, Randall R. - Plant Manager	(434) 634-6133

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P. O. Box 309

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Skippers	VA	23879

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 234 Forest Drive

B. COUNTY NAME: Greensville

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Skippers	VA	23879	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2493 (specify) Reconstituted Wood Products	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: A (434) 634-6133

E. STREET OR P.O. BOX: P. O. Box 309

F. CITY OR TOWN: Skippers

G. STATE: VA

H. ZIP CODE: 23879

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: N VA0059072	D. PSD *(Air Emissions from Proposed Sources)*: P
B. UIC *(Underground Injection of Fluids)*: U	E. OTHER *(specify)*: VPA00532 (specify) Land Application Permit
C. RCRA *(Hazardous Wastes)*: R VAD988220836	E. OTHER *(specify)*: PRO-50941 (specify) Title V Air Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Please see attachment for description. Topographic map is attached also.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Randall R. Hobbs - Plant Manager	Randy Hobbs	06/08/2010

COMMENTS FOR OFFICIAL USE ONLY

C

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2493 *(specify)* Reconstituted Wood Products	*(specify)*

C. THIRD	D. FOURTH
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P *(specify)*

D. PHONE *(area code & no.)*: A (434) 634-6133

E. STREET OR P.O. BOX: P. O. Box 309

F. CITY OR TOWN: Skippers

G. STATE: VA

H. ZIP CODE: 23879

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
N	P

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
U	FC-04-3674 *(specify)* Aboveground Storage Tank Permit

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
R	45-25050-01 *(specify)* US Nuclear Regulatory Commission Nuclear Device Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

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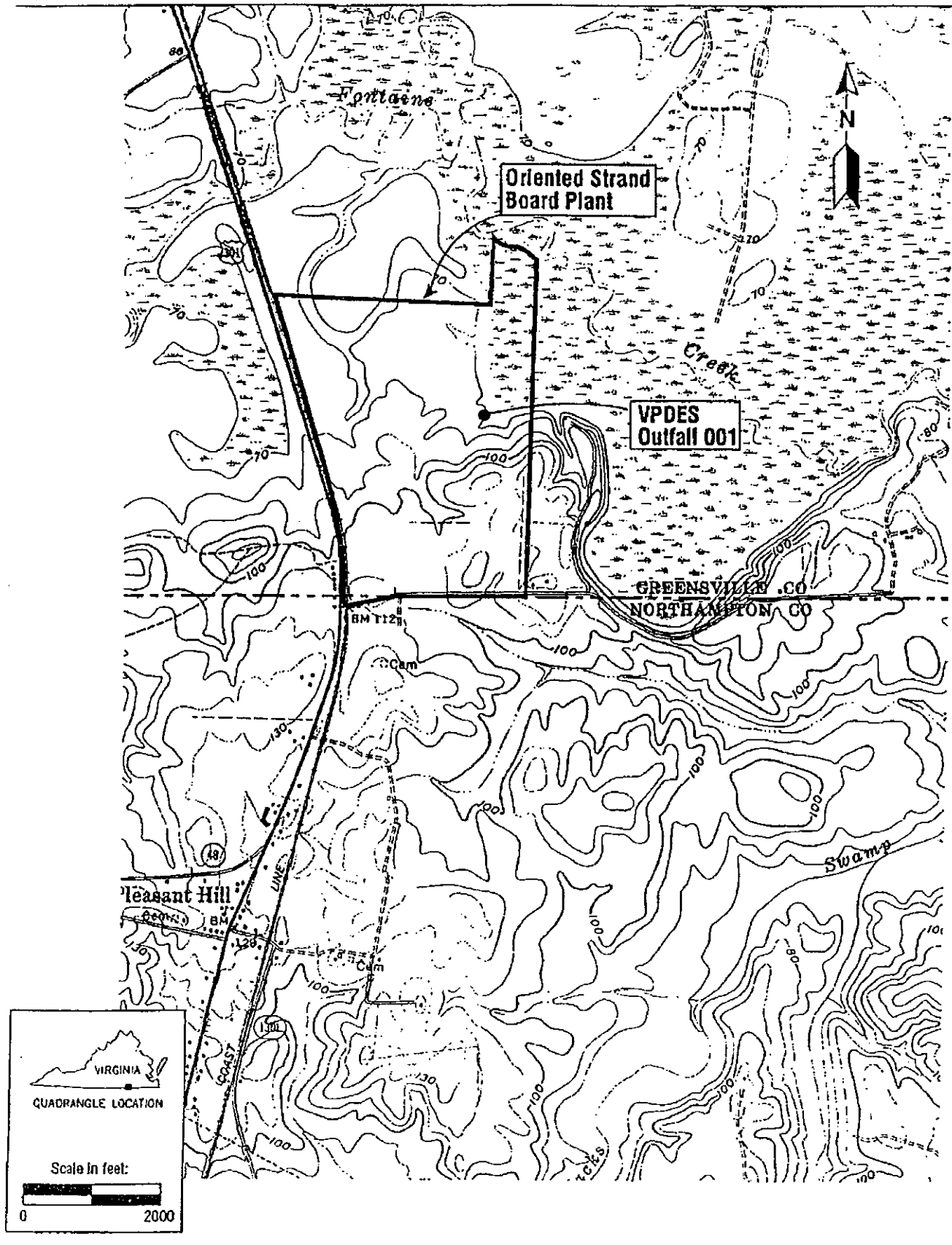
A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Randall R. Hobbs - Plant Manager	Randy Hobbs	06/08/2010

COMMENTS FOR OFFICIAL USE ONLY

C

Topographical Map



Source:
USGS Map, Skippers Quadrangle, Virginia
7.5 Minute Series (Topographic)

CH2MHILL

Site Location Map
Georgia-Pacific Skippers, Virginia
Oriented Strand Board Plant

VPDES Application Form 2C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VAD988220836

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM **2C** NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	36	33	03	77	31	31	Unnamed tributary to Fontaine Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Two Natural Springs	15,850 GPD	Screening, Reuse	1-T	4-C
	Contaminated Spring/French Drain*	17,600 GPD	Oil/Water Separator	1-T	4-C
	Building Washdown	2,650 GPD	Screening	1-T	
	Stormwater **	172,410 GPD	Screening	1-T	
	Fire fighting and fire line flushing	Varies	Screening	1-T	
	Potable water line flushing	Varies	Screening	1-T	
	Uncont. air cond./compressor disch.	Varies	Screening	1-T	
	Irrigation/Landscape Drainage	Varies	Screening	1-T	
	* - French Drain was set up to		** - Stormwater estimate based on 2009 precipitation, an average runoff coefficient		
	collect discharge from contaminated		of 0.51, and an Area of 101 acres. Precipitation in 2009 was 44.99 inches.		
	spring when facility was built. Oil				
	water separator is located at the				
	exit of the French Drain.				

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	4. FLOW C. DURATION (*in days*)
001	Building Washdown	1	12	0.0012	0.0048	0.0144 MG/year	0.0048 MGD	52

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☑ YES (*complete Item III-B*) ☐ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	1. AVERAGE DAILY PRODUCTION b. UNITS OF MEASURE	1. AVERAGE DAILY PRODUCTION c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAD988220836

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (*identify the test(s) and describe their purposes below*) ☑ NO (*go to Section VIII*)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
Air Water & Soil Laboratories, Inc.	2109A North Hamilton Street, Richmond, VA, 23230	804-358-8295	TPH, BOD-5, TSS, COD, Total Organic Carbon, Ammonia-N, Color, Total Organic Nitrogen, Oil & Grease (grab only), Total Phosphorus, Total Barium, Total Iron, Total Magnesium, Total Manganese
Pace Analytical Services, Inc.	370 West Meadow Road, Eden, NC, 27288	336-623-8921	Zinc

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Randall R. Hobbs / Plant Manager	(434) 634-6133
C. SIGNATURE	D. DATE SIGNED
Randy Hobbs	06/08/2010

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAD988220836

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO.
001

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. (Note: Grab results presented below.)

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (*BOD*) (grab)	24.7	17.6	15.7	9.9	5.7	2.2	14	mg/L	lb/day			
b. Chemical Oxygen Demand (*COD*)												
c. Total Organic Carbon (*TOC*)												
d. Total Suspended Solids (*TSS*) (grab)	17.1	7.3	17.1	7.3	10.5	2.5	12	mg/L	lb/day			
e. Ammonia (*as N*)												
f. Flow	VALUE 0.1051		VALUE 0.1051		VALUE 0.0361		14	MGD	N/A	VALUE		
g. Temperature (*winter*)	VALUE 14		VALUE 14		VALUE 9.7		8	°C		VALUE		
h. Temperature (*summer*)	VALUE 26		VALUE 26		VALUE 20.3		7	°C		VALUE		
i. pH	MINIMUM 6.6	MAXIMUM 7.4	MINIMUM 6.6	MAXIMUM 7.4			16	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color (comp)	X		28.0	n/a	28.0	n/a	28.0	n/a	1	ADMI uni	n/a			
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

(Results below are from composite sample)

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)	X		0.7	0.147	0.7	0.147	0.7	0.147	1	mg/L	lb/da			
h. Oil and Grease TPH	X		<0.5	<0.105	<0.5	<0.105	<0.5	<0.105	1	mg/L	lb/da			
i. Phosphorus (as P), Total (7723-14-0)	X		0.31	0.065	0.31	0.065	0.31	0.065	1	mg/L	lb/da			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)	X		0.0666	0.014	0.0666	0.014	0.0666	0.014	1	mg/L	lb/da			
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		2.01	0.422	2.01	0.422	2.01	0.422	1	mg/L	lb/da			
t. Magnesium, Total (7439-95-4)	X		2.57	0.540	2.57	0.540	2.57	0.540	1	mg/L	lb/da			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		0.1416	0.030	0.1416	0.030	0.1416	0.030	1	mg/L	lb/da			
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD988220836	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.0297	N/A	0.0297	N/A	0.0243	N/A	2	mg/L	N/A			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD988220836	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VAD988220836

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 001

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. (Note: Composite results shown below).

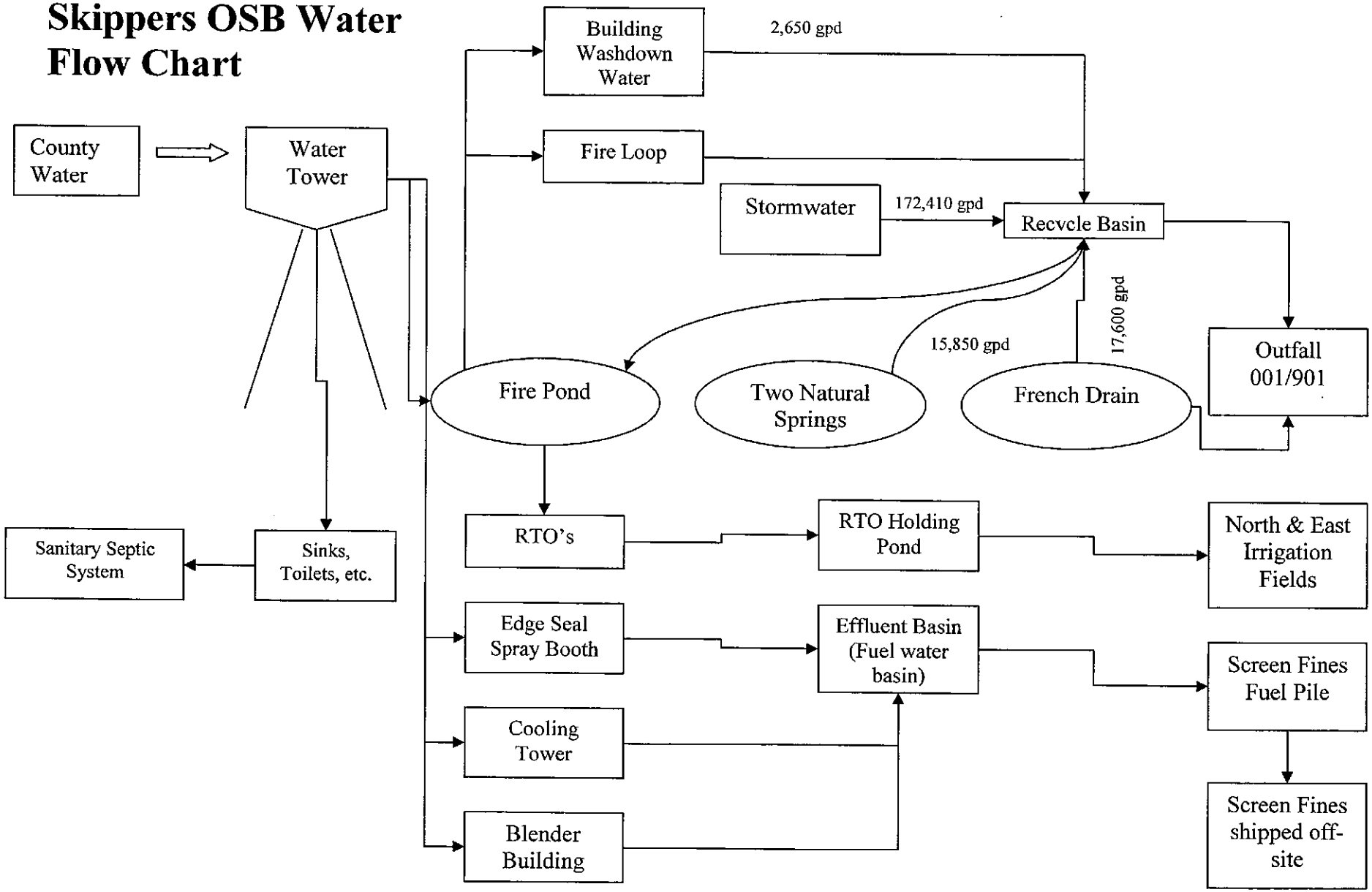
(composite sample) 1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	2.4	0.504	2.4	0.504	2.4	0.504	1	mg/L	lb/day			
b. Chemical Oxygen Demand (*COD*)	26.2	5.506	26.2	5.506	26.2	5.506	1	mg/L	lb/day			
c. Total Organic Carbon (*TOC*)	5.3	1.114	5.3	1.114	5.3	1.114	1	mg/L	lb/day			
d. Total Suspended Solids (*TSS*)	5.9	1.240	5.9	1.240	5.9	1.240	1	mg/L	lb/day			
e. Ammonia (*as N*)	1.06	0.223	1.06	0.223	1.06	0.223	1	mg/L	lb/day			
f. Flow	VALUE 0.0252		VALUE 0.0252		VALUE 0.0252		1	MGD	N/A	VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		28.0	n/a	28.0	n/a	28.0	n/a	1	ADMI uni	n/a	ADMI units	n/a	1
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

Line Flow Diagram

Skippers OSB Water Flow Chart



VPDES Application Form 2F

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VAD988220836

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
901	36	33	03	77	31	31	Unnamed tributary to Fontaine Creek

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
901	35 acres	101 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Please see attached Worksheet 2. Please note that Outfall 901 and Outfall 001 are the same outfall location. Outfall 901 represents wet weather (storm water) discharges from this outfall, and Outfall 001 represents dry weather discharges from this outfall.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
901	Screening and reuse of effluent.	1-T, 4-C

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Randall R. Hobbs	Randy Hobbs	6/8/10

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual assessment of outfall flow during times when no rainfall is occurring or has occurred within the previous 72 hours. Knowledge of operation of wastewater treatment system and routine inspections of the outfall and wastewater system during non-precipitation events.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant leaks or spills of toxic or hazardous pollutants have occurred at the facility in the last three years.

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VAD988220386

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air Water & Soil Laboratories, Inc.	2109A North Hamilton Street, Richmond, VA, 23230	804-358-8295	Oil & Grease, BOD-5, COD, TPH, TSS, Total Nitrogen, Total Phosphorus, Zinc (dissolved), Barium (total), Iron (total), Magnesium (total), Manganese (total)

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(Type Or Print)*	B. Area Code and Phone No.
Randall R. Hobbs, Plant Manager	(434) 634-6133
C. Signature	D. Date Signed
Randy Hobbs	06/08/2010

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease		N/A		N/A		
Biological Oxygen Demand (BOD5)	6.6 mg/L		6.6 mg/L		1	See Worksheet 2
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	6.5 mg/L		6.5 mg/L		1	See Worksheet 2
Total Nitrogen						
Total Phosphorus						
pH	Minimum 6.8	Maximum 6.8	Minimum 6.8	Maximum 6.8	1	See Worksheet 2

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Zinc, Dissolved					1	See Worksheet 2
TPH					1	See Worksheet 2
Barium, Total					1	
Iron, Total					1	
Magnesium, Tota					1	
Manganese, Tota					1	

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Formaldehy					1	Potential resin drips from conveyor
Phenol,tot					1	Potential resin drips from conveyor

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*

7. Provide a description of the method of flow measurement or estimate.

Calculation based on height of water flowing over a rectangular weir.

Worksheet 2 – Process Description

Process Description

Tree length logs are brought to the mill by truck or by rail and are unloaded, separated by species and length, and stored on the logyard. The process begins by loading logs on the deck to be aligned and cut. The logs are cut to appropriate length via the slasher saws (Unit reference number 1100). Logs from the slasher saws are then sent to the debarker (Unit reference number 1200) where the bark is removed. Bark from the debarking operation is conveyed to the bark hog (Unit reference number 1400) to be hogged prior to being sent to the fuel storage house or the grit fines truck loadout bin (Unit reference number 3700). Bark can also be processed through a shreadder prior to being sent to the fuel storage house. From the fuel house, the hogged fuel is sent to the hog fuel storage silo (Unit reference number 3300) where the material is stored prior to being used as fuel in the Wellons Fuel Cells. The debarked logs are then sent to the trim deck saws (Unit reference number 1300) where they are cut into appropriate size blocks for later flaking. If there are any unusable portions (in our manufacturing process) of the tree, these are chipped up and pneumatically conveyed to the green chip cyclone (CYC-1) (Unit Reference number 1350) for deposition into the green chip loadout bin (Unit reference number 1500). Blocks from trim deck are then either sent to the block flakers or stored in the block storage bin prior to being sent to the block flakers (Unit reference number 2000) where the blocks are cut into flakes of appropriate sizes. These are termed green flakes since they contain considerable moisture (approximately 50% by weight).

The green flakes are then conveyed to the wet flake storage bins prior to being dried. The Skippers OSB facility's drying operation (Unit reference number 3000) consists of Wellons Fuel Cells (5), a MEC Dry Fuel Burner, and four (4) rotary flake dryers. The combustion gases from the Wellons fuel cells are used to both convey the green flakes through the dryers and to provide the heat necessary to remove the moisture from the flakes. Three of the four rotary flake dryers obtain their heat from the Wellons fuel cells. The #4 dryer has a dedicated dry fuel suspension burner which provides the necessary heat to dry the green flakes. However, if the dry fuel burner is down, the #4 dryer can obtain heat from the Wellons fuel cells. The dry flakes from each dryer are pneumatically conveyed to a cyclone collector where they are removed from the gas stream. The moisture laden dryer exhaust from the cyclone is sent to a multiclone. The exhaust from each multiclone then combines into a primary equalization chamber (PEC) prior to being sent to the Regenerative Thermal Oxidation System (RTO 1-2). The RTO system controls the particulate (TSP/PM_{10}), carbon monoxide (CO), and volatile organic compound (VOC) emissions generated in the Wellons fuel cells, the MEC dryer burner, and the rotary dryers. The #5 Wellons Fuel Cell also serves as the heat source for the thermal oil heat exchanger which indirectly heats the thermal oil which is used to maintain press temperature. Residual heat from the #5 cell is used in the drying process.

The dried flakes are screened to remove finer material and are subsequently stored in the dry flake bins. The screen fines generated in the screening operation are pneumatically conveyed via the Screen Fines Transfer System (Unit reference number 3100), Dry Waste

Transfer System (Unit reference number 3200), or the Grit Fines Transfer System (Unit reference number 3400). These transfer systems are equipped with cyclones for material collection with the cyclone exhausts directed to fabric filters (BH-6, BH-5, BH-9 respectively) for particulate control. The material transferred via these systems ultimately ends up in either the dry fuel silo (Unit reference number 3800), the screen fines loadout bin (Unit reference number 3750) or the fuel storage house (hog fuel pile). Screen fines can also be pneumatically transferred to a fabric filter (Unit reference number 3500, BH-10) on the MEC dry fuel burner raw wood fuel storage bin (Unit reference number 3900). The material is then mechanically conveyed to a hammermill for final fuel preparation and is transferred pneumatically to a fabric filter (Unit reference number 3600, BH-11) on the MEC dry fuel burner prepared fuel metering bin (Unit reference number 3950). From the metering bin, the prepared fuel is burned in the dry fuel burner to supply heat to the #4 dryer.

The dried, screen flakes are then conveyed to the blending operation (Unit reference number 4000) where a thermosetting resin and wax are mixed with the flakes. The blended product is then conveyed to a forming line where an 8' wide mat is produced by depositing the flakes in layers that are oriented at right angles. Once the proper thickness of mat is created, it is cut into 24' lengths and conveyed to the pressing operation (Unit reference number 5000) where under heat and pressure the mat is compressed into a board. Material generated in the mat edge trimming operation is pneumatically conveyed to a cyclone for material collection. The collected material is returned to the process for reuse. The cyclone exhaust is then directed to the General Dedusting System B (Unit reference number 9200) which collects this material and various pickups within the plant and directs them to a fabric filter (BH-3) for particulate removal. The Mat Reject system (Unit reference number 5200) is directed to a fabric filter (BH-7) both for material collection and particulate control. The collected material is returned to the process for reuse. General Dedusting System A (Unit reference number 9100) collects material from various pickups within the plant and directs them a fabric filter (BH-2) for particulate removal. The material collected in the general dedust systems are pneumatically conveyed to a dry fuel silo.

The boards (8' x 24') from the press are then processed into sheets. Unusable material generated in the forming and finishing pickup system (Unit reference number 5100) is pneumatically conveyed to a cyclone for material collection. The cyclone exhaust is directed to a fabric filter (BH-1) for particulate removal. The material collected in both the cyclone and fabric filter is pneumatically conveyed to another cyclone for deposition into the sanderdust/fines fuel silo (Unit reference number 3850). This cyclone exhaust is directed to a fabric filter (BH-8) for particulate control.

Once the boards are trimmed to the appropriate dimensions, the edges of the board are sealed with a water based paint in a spray booth (Unit reference number 6200). The particulate overspray generated in the booth is controlled with water wash filter (WW-1).

Some of the boards may be further finished by sanding and tongue and groove (Unit reference number 6100). The sander and T&G line is equipped with a spray booth, overspray is collected inside of the building. The sanderdust collected in this operation is pneumatically conveyed to a fabric filter (BH-4) for particulate removal and collection. The collected material is then pneumatically conveyed to the sanderdust/fines fuel silo.

The boards are then packaged for transport and sale.

Process Description – Sources of Water for Outfall 001/901

Water being discharged from Outfall 001 (dry weather discharge) includes the following sources:

- Discharge from the oil/water separator that receives flow from petroleum-impacted soil and groundwater under the mill site,
- Discharges from fire fighting activities and fire hydrant flushing,
- Potable water discharges and line flushing,
- Uncontaminated air conditioning and compressor condensate,
- Irrigation and landscape watering drainage,
- Pavement and building wash down which does not contain detergents, and
- Other uncontaminated ground water and spring water.

Water being discharged from Outfall 901 (wet weather discharge) consists of storm water drainage from the mill site.

Process wastewater, consisting of water from the washout of air pollution control equipment, blenders, and other areas, is collected and is managed in the process wastewater lagoon, which is lined with a synthetic liner. This process wastewater is land-applied to the land application areas under Land Application Permit No. VPA00532. No process wastewater from the OSB process is discharged to Outfalls 001 or 901.

Worksheet 2 Summary of Potential Storm Water Pollution Sources			Completed by: Clint Joyner Title: Environmental Coordinator Date: November 1997		
Source	Location	Outfall No.	313 Apply?	Pollutant Indicators	BMP's
Pine and hardwood logs.	Log yard east of process area and temporary storage log yard south west of bone yard.	001	No	TSS, COD	Stored in stacks, swept regularly, debris removed from storm water by screening.
Fugitive dust	Throughout the facility	001	No	TSS, COD	Swept regularly, used as burner fuel.
Wood chips	Throughout the facility	001	No	TSS, COD	Stored in bins and piles until used as burner fuel. sometimes shipped off-site for resale.
Bark	Throughout the facility	001	No	TSS, COD	Stored in piles until used as burner fuel, sometimes shipped off site as burner fuel.
Wood waste	Throughout the facility	001	No	TSS, COD	Swept regularly, stored in piles until used on-site as burner fuel or shipped off-site.
Wellons Ash	Ash storage area on North end of the plant and at bone yard area.	001	No	TSS, COD, pH	Stored in piles until used on-site as road bed cover or shipped off-site to landfill.
Old equipment, machinery and materials (Scrap Metal)	Bone yard at southeast corner of log yard.	001	No	TSS, COD, pH	Retained until determined to be of no future use, then sold as scrap.
RTO Media	Bone yard at southeast corner of log yard and road beds.	001	No	TSS, COD, pH	Used as road bed material.
Multiclone dust	Fuel piles next to A-frame building	001	No	TSS, COD	Stored in piles and hoppers, swept regularly, sold as fuel.

VPDES Permit Application Addendum

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Georgia-Pacific Wood Products, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** 56-17A, 56-17B, 56-18A, 56-17

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** 0.0361 MGD
For industrial facilities, provide the max. 30-day average production level, include units:
Process flow is from oil/water separate treating contaminated groundwater.

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Flow from Oil/Water separator treating contaminated groundwater, plus storm water and miscellaneous allowable non-storm water discharges.

0 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 0

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
___ Permanent stream, never dry
___ Intermittent stream, usually flowing, sometimes dry
X Ephemeral stream, wet-weather flow, often dry
___ Effluent-dependent stream, usually or always dry without effluent flow
___ Lake or pond at or below the discharge point
___ Other:

9. **Approval Date(s):**
O & M Manual 10-5-07 **Sludge/Solids Management Plan** 10-5-07

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

Authorization to Bill Applicant for Public Notice

AUTHORIZATION TO BILL APPLICANT FOR
A PUBLIC NOTICE

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice once a week for two consecutive weeks, seven days apart, in the Independent-Messenger, charged to:

Agent or Department to be billed: Georgia-Pacific Wood Products, LLC

294 Forest Road

Skippers, VA

23879

Agent's telephone number: 434-634-6133

Agent's address: Randall R. Hobbs, Plant Manager

Same as above

Authorizing Agent: Randy Hobbs

Signature

VPDES Permit Number VA0059072 – Georgia-Pacific, Skippers
Attention: Ray Jenkins

2009 French Drain Report

Attachment A – 2009 French Drain Annual Summary Report

Month	Gallons of Oil Recovered
January	6
February	8
March	19
April	34.5
May	10
June	6
July	10.5
August	11.5
September	14
October	3
November	19
December	3

1" = 1.62 gallons (55 Gallon Drum)

2009 Surface Water Withdrawal Summary

Georgia-Pacific Wood Products, LLC.
Skippers OSB Plant
9 VAC 25-200-30 Surface Water Withdrawal Records 2009

Month Starting	Days/ Month	Date of Reading	Meter Reading	Average Daily Gallons Withdrawn	
			17,975,755		
January	31	1/12/2009	17,975,755	-	
February	28	2/11/2009	17,975,755	-	
March	31	3/5/2009	17,975,760	0	
April	30	4/9/2009	17,975,755	(0)	
May	31	5/13/2009	17,979,550	122	
June	30	6/1/2009	17,979,550	-	
July	31	7/27/2009	99,400	3,206	Replaced flowmeter 7/10/2009
August	31	8/11/2009	186,900	2,823	
September	30	9/14/2009	444,043	8,571	
October	31	10/13/2009	743,135	9,648	
November	30	11/18/2009	1,236,260	16,438	
December	31	12/17/2009	2,081,425	27,263	
Ending					
Gallons withdrawn				4,162,850	(estimated annual flow by multiplying July - December 2009 flow by 2)

SITE MAP TOO LARGE FOR SCANNING.

DOCUMENT CAN BE FOUND in the Regional Oversized Document File Storage.

PRO